

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

OCT 1 6 2018

I. Name of Lobbyist(s)	Pierce Haley			NEW HAMPSH DEPARTMENT OF	IRE
II. Name of lobbyist's p	artnership, firm or co	rporation, if any	/:	DEFAITIBLE OF	SIAIE
	n Haley LLP				
	of partnership, firm or corp	poration)	······································		
51 Frankl	•	Boston	MA	02110	
Business Address: (Street	·	(Town/City)	(State)	(Zip Code)	
•	•			•	
(617) 778-1200 (Telephone)	(617)	778-1300 (Fax)	e-mail phaley@s	erimaley.com	
reportable expense tran	sactions which are no	t attributable to		ay file a separate report for	
M An reportable transac	Distilled Spirits		•	ie ionowing chem.	
	Full Name of Client as it a				
<u>OR</u>			,		
☐ All reportable transac unrelated to any particula	• • •	cluding the lobb	yist's family), or the lobbying	g firm listed below which are	
	April 25, 2018 from date of registration	to 3/31/18	July 25, 2018	•	
	October 31, 2018 \(\sqrt{2} \) tivity from 7/1/18 to 9/30/2		January 30, 2019 activity from 10/1/18 to 12/31		
		•	ransactions made since t Secretary of State's Office, S	<u>-</u>	
VI. Check if additional	-				
-	=		e Addendum A- Fees and E		
☐ If you have paid an h Expense Reimbursement		ed expenses, you	must file Addendum B- Re	port of Honorariums or	
☑ If you, your firm, or	your family has made p	olitical contribut	ions, you must file Addendu	m C- Political Contributions	
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best	A 15-B, RSA 14-C and		reby swear or affirm that the	foregoing information is true	
(Signature of lobbyist)			(Da	te)	
Pierce I Haley	•				

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Pierce Haley		
II. Name of lobbyist's par	tnership, firm or corporation, if a	ny:	
Ser	lin Haley LLP		
(Name of part	mership, firm or corporation)		
III. Name of Client Distill	ed Spirits Council of the United States	Date	10/11/2018
to lobbying, including fees f	all fees received from the client identifior services such as public advocacy, going legislation, and related legal work	overnment relations	, or public relations services
a) Total of all fees received	in this reporting period	a) \$	5,000.00
	this calendar year, prior to this reportine tal of all prior monthly reports for this	·	10,000.00
c) Total of all fees received (Add lines a and b)	to date	c) \$	15,000.00
d) Indicate the amount of ar yet been paid	ny such fees that are due, but have not	d) \$	0.00
fees. Separate reports are to the lobbyist(s)/firm that are Expenses are to be reported during the reporting period individual expenses where the lunch where the cost was \$2 being lobbied, purchase of a (c) an itemized statement of any purpose not covered by ceremonial object to be give restaurant expenses for a le	erships, firms, or corporations are required be filed for expenditures made relative unrelated to any one client a separate in one of three categories of expense for salaries, benefits, support staff, and the expenditure was of \$25.00 or less (15.00 or less, purchase of a pen with a vaceremonial object given to a person be each individual expenditure made during (a) (for example: purchase of a meal ten to the subject of lobbying with a vacgislative reception). Expenses for hold on separate addendums and should not	te to each client and the report may be first: (a) the aggregated office expenses; for example: meals value of less than \$20 ting lobbied with a get this reporting permitted by the control of great than \$20 ting greater	if expenditures are made by ited for the lobbyist(s)/firm the total of all expenses paid (b) the aggregate total of all purchased during a business 10 that is given to the person value of \$25.00 or less); and ited of greater than \$25.00 for least than \$25, purchase of a 25, but not greater than \$50 is reimbursement, or political
support staff, and office expe	for this reporting period for salaries, be enses, related directly or indirectly to lol	obying. a) \$	0.00
b) Total aggregate of expendin a), of \$25 or less.	ditures during this reporting period, not	reported b) \$	0.00
a) Total of all itemized evne	nditures reported in detail in section VI	2 (2	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	0.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	0.00
f) Total of all expenses year to date	f) \$	0.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fe	es during this reporting
Paid to:	Amount	
NONE	\$	0.00
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the	foregoing information
L/X-HALLE		10/11/2018
(Signature of lobbyist)		(Date)
Pierce J. Haley		
(Print Name of lobbyist)		

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	Pierce J. Haley		
II. Name of lobbyist's part	tnorchin firm or corr	poration if any	
II. Name of lobbyist's part	•	oration, ir any.	
01	Serlin Haley LLP		
(Name of partin	iersnip, firm or corporation)		
III. Name of Client Distilled	Spirits Council of the U	nited States	Date 10/11/2018
Political Contributions For each political contribut client/lobbyist and lobbying			pter 664 paid on behalf of the
Full name of candidate:	D'Allesandro (Last Name)	Lou (First Name)	(Middle Name/Initial)
	, ,		,
Amount of contribution \$	250.00	Office Candidate	is Seeking State Senate
If the contribution is an in-kin actual cost of the in-kind contr enter an estimated value and the		o for amount of condition	valion. If the actual cost is not known
actual cost of the in-kind contr	he word "estimate."		
actual cost of the in-kind control enter an estimated value and the state of the st	he word "estimate." (Last Name)	(First Name)	(Middle Name/Initial)
actual cost of the in-kind control enter an estimated value and the	he word "estimate." (Last Name)	(First Name)	
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin	(Last Name) Id contribution, provide a ribution on the line abov	(First Name) Office Candidate in description of the good	(Middle Name/Initial) is Seeking
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contrenter an estimated value and the contribution is an in-kin actual cost of the in-kind contrenter an estimated value and the contribution is an in-kind contribution in in-kind contribution in in-kind contribution is an in-kind contribution in in-kind contribution in-kind contribution in in-kind contribution in in-kind contribution in in-kind contribution in in-kind contribution in-kind contri	(Last Name) Id contribution, provide a ribution on the line abov	(First Name)Office Candidate is description of the good e for amount of contrib	(Middle Name/Initial) is Seeking ds or services provided, and enter the oution. If the actual cost is not known
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contrenter an estimated value and the contribution is an in-kin actual cost of the in-kind contrenter an estimated value and the contribution is an in-kind contribution in in-kind contribution in in-kind contribution is an in-kind contribution in in-kind contribution in-kind contribution in in-kind contribution in in-kind contribution in in-kind contribution in in-kind contribution in-kind contri	(Last Name) (Last Name) Indicate the contribution, provide a ribution on the line above the word "estimate."	(First Name)Office Candidate is description of the good e for amount of contrib	(Middle Name/Initial) is Seeking ds or services provided, and enter the oution. If the actual cost is not known

actual cost of the in-kind contribution, provide a description of a actual cost of the in-kind contribution on the line above for amount of enter an estimated value and the word "estimate."	
enter an estimated value and the word estimate.	
(If more than three contributions were made, report additional contributions or	n separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	•
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear is true and complete to the best of my knowledge and belief.	or affirm that the foregoing information
Il fifty	10/11/2018
(Signature of lobb vist)	(Date)
Pierce J. Haley	
(Print Name of lobbyist)	